

For BPD use only:

Customer Name

Customer No.

PD F 2243 E
Department of the Treasury
Bureau of the Public Debt
(Revised October 2005)

SUPPLEMENTAL STATEMENT FOR UNITED STATES SECURITIES

OMB No. 1535-0013

Visit us on the Web at www.treasurydirect.gov

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

1. ☐ The claim reporting the loss, theft, destruction, or nonreceipt of United States Securities applies to the securities described in Item 5.
2. ☐ The claim reporting the loss, theft, destruction, or nonreceipt of United States Securities applies to the securities described in Item 5 rather than the securities described in the original application.
3. ☐ I certify:
- ☐ I had possession, custody, or control of the securities described in Item 5.
- ☐ I have firsthand knowledge of the circumstances under which the securities described in Item 5 were lost, stolen, or destroyed.
- ☐ I had access to the _____ described in Item 5.
4. ☐ I have been informed that _____ submitted
(Names of original applicants)
a claim reporting the _____ of the United States Securities
(loss, theft, destruction, or nonreceipt)
described in Item 5. My knowledge of the securities is:

5. Description of Securities

TITLE OF SECURITY (Identify securities by series, interest rate, type, CUSIP, call and maturity dates, as appropriate)	ISSUE DATE	FACE AMOUNT (Denomination)	SERIAL NUMBER	REGISTRATION (Exactly as shown on the face of each security)

(If you need more space to describe your securities, use the continuation sheet on page 3.)

I/We certify that I/we don't have possession or control of any of the securities described in Item 5 and that I/we don't have any further information in regard to where they are or what became of them.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here ⇒ _____
 _____ (Signature) _____ (Print Name)

Home Address _____
 _____ (Number and Street or Rural Route) _____ (Social Security Number)

 _____ (City) _____ (State) _____ (ZIP Code) _____ (Daytime Telephone Number)

E-Mail Address _____

Sign Here ⇒ _____		_____	
(Signature)		(Print Name)	
Home Address _____		_____	
(Number and Street or Rural Route)		(Social Security Number)	
_____	_____	_____	_____
(City)	(State)	(ZIP Code)	(Daytime Telephone Number)
E-Mail Address _____		_____	

Certifying Officer – The individuals must sign in your presence. Complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is known or proven to me, personally appeared before me this _____ day of _____, _____, _____ (Month) _____ (Year), at _____ (City) _____ (State), and signed this form.

(OFFICIAL STAMP OR SEAL)

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City) _____ (State) _____ (ZIP Code)

I CERTIFY that _____, whose identity is known or
proven to me, personally appeared before me this _____ day of _____,
(Month) (Year),
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

Continuation of description of securities in Item 5:

TITLE OF SECURITY (Identify securities by series, interest rate, type, CUSIP, call and maturity dates, as appropriate)	ISSUE DATE	FACE AMOUNT (Denomination)	SERIAL NUMBER	REGISTRATION (Exactly as shown on the face of each security)

(If you need more space to describe your securities, use a continuation sheet and attach it to the form.)

INSTRUCTIONS

PURPOSE OF FORM – Use this form to support an application for relief on account of the loss, theft, destruction, or nonreceipt of United States Securities.

COMPLETION OF FORM

- ITEM 1.** Mark this box to show that the securities described in Item 5 are the missing securities referred to on the original application. Describe the missing securities in Item 5.
- ITEM 2.** Mark this box if incorrect serial numbers were provided on the original application. Describe the correct missing securities in Item 5.
- ITEM 3.** Mark the appropriate box(es) to indicate whether you had possession, custody, or control of the securities, firsthand knowledge of the circumstances under which they were lost, stolen, or destroyed, or if you had access to the securities.
- ITEM 4.** Mark this box and complete this item when someone other than the original applicant(s) had custody or knowledge of the loss. Furnish the name(s) of the original applicant(s) and provide all information concerning your knowledge of the whereabouts of the securities. If you do not have any knowledge of their whereabouts, state this. If the original applicant(s) or any other person claims to have mailed or delivered the securities to you, state whether or not you received them. If you did not receive the securities, explain why, if known (for example, wrong address used).
- ITEM 5.** Furnish a complete description of the missing securities.
- ITEM 6.** If Item 1 or 2 is checked, the form must be signed by the original applicant(s). If Item 3 or 4 is checked, the form must be signed by the person having custody of the securities or knowledge of their loss. If any person whose signature is required is a minor who does not have a court-appointed guardian, he/she can sign the form on his/her own behalf if, in the opinion of the certifying officer, he/she is of sufficient competency to understand the nature of the transaction. Otherwise, the form must be signed by both parents on the minor's behalf. If the minor does not reside with either parent, the form must be completed and signed by the person who furnishes the minor's chief support. The minor's age and social security number must be furnished.

Each person whose signature is required must sign the form in ink, print his/her name, and provide his/her home address and daytime telephone number. Each signature must be certified.

CERTIFICATION - Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

WHERE TO SEND – Send the application and any additional information to the Department of the Treasury, Bureau of the Public Debt, using the address listed below that is appropriate to the type of security involved:

- HH/H Savings Bonds – PO Box 2186, Parkersburg, WV 26106-2186
- E/EE/I Savings Bonds – PO Box 7012, Parkersburg, WV 26106-7012
- Treasury Bills, Notes, Bonds, and TIPS – PO Box 426, Parkersburg, WV 26106-0426

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 05 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in "WHERE TO SEND" above.**